

Secretary of State Statement of Information

(California Nonprofit, Credit Union and General Cooperative Corporations)

150

SI-100

IMPORTANT — Read instructions before completing this form.

Filing Fee - \$20.00;

Copy Fees – First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00 plus copy fees

1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State)

Tohy's House

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Secretary of State State of California

MAR 09 2018

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

c 216 0031

3. Dualitesa Addi esses			
a. Street Address of California Principal Office, if any - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
1215 E. Chapman Are #B	Oranoe	CA	92866
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code
•			

The Corporation is required to enter the names and addresses of all three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer/ First Name | Middle Name | Last Name | Sufficer | S

a. Chief Executive Officer/ First Name	Middle Name	Last Name		Suffix
CLARE		VBNEG AS		
Address		City (no abbreviations)	State	Zip Code
1215 E. Chapman Arc #8		Orange	CA	92866
b. Secretary First Name	Middle Name	Last Name		Suffix
Mark CHAMPA		Foster_		
Address		City (no abbreviations) Stat		Zip Code
1215 E. Chapman Are#8		Orange	CA	92866
c. Chief Financial Officer/ First Name	Middle Name	Last Name		Suffix
CHUCK_		SCHREIBER	-	
Address		City (no abbreviations)	State	Zip Code
1215 E. Chapman Are #8		Oranog	CA	92866

5. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL - Complete Items 5a and 5b only. Must include agent's full name and California street address.

Middle Name	Last Name			Suffix
	VENEGAS			
City (no abbreviations)	-	State	Zip Code	
Orange		CA	92866	0
,	City (no abbreviations)	City (no abbreviations)	City (no abbreviations) VENEGAS State	City (no abbreviations) VENEGAS State Zip Code

CORPORATION – Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) - Do not complete Item 5a or 5b

6. Common Interest Developments

Check here if the corporation is an association formed to manage a common interest development under the Davis-Sterling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See Instructions.

7. The Information contained herein, including in any attachments, is true and correct.

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Type or Pfint Name of Person Completing the Form

Executive Director

Signature